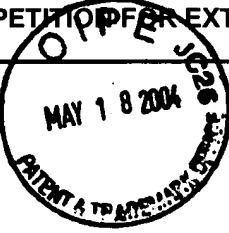
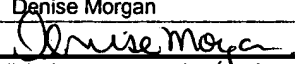


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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) BSI-507US	
		In re Application of Leonard Pinchuk	
		Application Number 10/082,920	Filed 2/25/2002
		For A Method of Treating an Aneurysm	
		Art Unit 3738	Examiner Paul B. Prebille
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <p> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$ _____  <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <u>\$420.00</u>  <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$ _____  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$ _____  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$ _____         </p> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.  <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet.         </p> <p>           I am the <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record. Registration Number: <u>42,122</u>  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____         </p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>           _____            Date         </p> <p>           _____            Signature         </p> <p>           _____            Telephone Number         </p> <p>           _____            Typed or Printed Name         </p>			
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.			
Name (Print/Type) Denise Morgan			
Signature 	Date	5/14/2004	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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